

RECEIVED NOV 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34164
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **Logan's** (d) Street No. **1003** Registered No. **9150**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **4215 Olive** St. **19**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harry Duncan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 2nd 1919**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 **2** **17**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **waitress**
9. Industry or business in which work was done, as saw mill, bank, etc. **Tavern**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **West Frankford Ill.**

FATHER 13. NAME **Robert Rose**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **West Frankford Ill.**

MOTHER 15. MAIDEN NAME **Diana**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **West Frankford Ill.**

17. INFORMANT (ADDRESS) **Mr. Harry Duncan 4215 Olive St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **West Frankford Ill. Oct 21 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Stas. T. Stewart 1225 Union Blvd.**

20. FILED **OCT 21 1938 J. Bredek Local Registrar.**

NONMEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 19 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **3:29** m.
The principal cause of death and related causes of importance were as follows:

Potassium Permanganate Poison, self administered in her room at the American Hotel, on October 18th, 1938, time unknown.

Other contributory causes of importance:

Name of Operation Date of
What test confirmed diagnosis? Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Suicide** Date of injury **10/18/38**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **In Home**

Manner of injury **See Above**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No.**
If so, specify **Joseph H. Duncan M.D.**
(Signed) **Joseph H. Duncan**
(Address) **Respyr Corne**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

BERNARD H. J. STUART

or by

Registered Apprentice No., working under my personal supervision.

Signed

Bernard H. J. Stuart

Licensed Embalmer No.

3500

P. O. Address

5318 Burtner

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.